## City of Wichita ELECTRICAL PERMIT APPLICATION

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Оссирансу Туре:	Single-Far	nily Mu	lti-Family	Business	Medical/I	Dental Off	ice 🗌	Hospi	tal
Type of Work: New	Addition	Repair 🗌	Remodel	Tenant Finish	Bsmt Finish	Hot Tub	o/Spa	Swimmi	ng Pool
STREET ADDR	RESS	BL	DG. SUITE	ZIP CODE			SECO	NDARY A	ADDRESS
PROJECT			(I	f Commercial) GENE	RAL CONTRAC	TOR BU	ILDING	G PERMI	T NUMBER
CONTRACTOR	<u> </u>				_			LICE	NSE NO.
BUSINESS AD	DRESS							TELE	PHONE NO.
Complete All Iter	ns Where	Applicabl	e						
		A	AUTHORIZE	D WORK		Q	TY	EA	FEE
CIRCUITS	120 volt Circu	it				01		2.00	
	277 volt Circu	it				02		2.25	
	Heating Appli	anca lace than A	500 watt			03		2.00	

	AUTHORIZED WORK			QTY	EA	FEE
CIRCUITS	120 volt Circuit				2.00	
	277 volt Circuit				2.25	
HEATING	Heating Appliance less than 4500 watt				3.00	
APPLIANCES	Range or Heat Device 4500 watt or over		04		9.00	
	Clothes Dryer		05		9.00	
	Feeder		06		10.00	
CDECIAL	Hot Tub / Sauna or Jacuzzi		07		15.00	
SPECIAL CIRCUITS	Special Power Circuit		08		10.00	
AND	Generator		09		10.00	
ADDITIONS	Sign, Per Circuit		10		7.00	
	Outlets Added to Existing Circuit				.75	
	Smoke Detectors				.75	
FIXTURES	Light Fixture or Lampholding Device (also retrofits of fixtures)				.75	
MOTORS	1 HP or less				5.00	
AND	AND Over 1 HP		15		7.00	
AIR COND.			16		7.00	
	480 Volts or Less	Per Meter (100 Amps or less)	17		12.00	
SERVICE		Each Additional Amp	17		.06	
(New/Change)	Over 480 Volts	Each Service Entrance	18		75.00	
	Construction Service (480 volts or less)		19		15.00	
Construction Service (Over 480 volts)			20		30.00	
	Re-Inspection of Discontinued Service (meter reset – only ONE meter per permit)				12.00	
Miscellaneous	Transformer		22		12.00	
Miscenaneous	Miscellaneous				15.00	
Permit Issuance Fee				1	25.00	25.00
					TOTAL	

FORWARD TO: OFFICE OF CENTRAL INSPECTION

CITY HALL, 7TH FLOOR 455 N. MAIN ST. WICHITA, KS 67202

MAKE CHECKS PAYABLE TO:

CITY OF WICHITA

Fax No. (316) 268-4663

APPLICANT'S SIGNATURE	(REV. November, 2011)